

Voluntary Agreement – High Risk

*For traveler screened at Dulles International Airport and referred to the
Virginia Department of Health*

Date: ____/____/____

Traveler Name: _____

Traveler Destination Address: _____

City: _____ State: ____ Zip: _____

Destination VDH Health District or Other State: _____

Dear Sir/Madam:

You have been identified through airport screening as someone who has potentially been exposed to a person with **Ebola Virus Disease**. The Virginia Department of Health (VDH) has declared that **Ebola Virus Disease** is a communicable disease of public health threat, and is taking extra measures to prevent transmission to others in the community, including asking persons who might have been exposed to an **Ebola Virus Disease** patient to separate themselves from the public.

Because you may have been exposed to **Ebola Virus Disease** within the 21 days prior to your arrival in the United States, we are strongly recommending that you separate yourself from the public to minimize chances that others would contract **Ebola Virus Disease** if you become ill. This means that you stay at home, hotel or another place where you can minimize contact with other people. If you must travel while you are under this agreement, you may not use any form of public transportation.

You may have been exposed to the **Ebola** virus at some time during the period ____/____/____ to ____/____/____. The incubation period for **Ebola Virus Diseases** is 2 to 21 days. This means you are at risk for developing symptoms of **Ebola Virus Disease** until ____/____/____, 21 days after your last possible exposure to a person with **Ebola Virus Disease**.

Therefore, you are directed to follow the instructions below from now until ____/____/____.

If you develop any signs and/or symptoms of **Ebola Virus Disease**, you may need further evaluation and treatment, or to remain separated for a longer time.

VDH personnel will be visiting you at your home, hotel or other place and will talk to you by phone each day while you are under this agreement to answer your questions and assure that you are following the instructions provided in this letter. We will tell you when it is safe for you to return to your normal activities.

Scope of this Agreement

- This Voluntary Agreement – High Risk is in effect while you are in Virginia and until you reach the final destination where you will be staying until the end of the 21 day incubation period. This Agreement is between you and the Director of the Loudoun County Health Department because Dulles Airport, your current location, is located in Loudoun County.
- When you travel to your final destination within Virginia, the Loudoun County Health Department will transfer your contact information and a copy of this Agreement to the health department at your destination.
- The health department at your destination will review the Agreement with you, and may ask you to sign a new Agreement. However, the period for separation from the general public does not start over, unless new information about your possible exposure to the Ebola virus requires a longer period.
- If you travel to a destination outside of Virginia, the Virginia Department of Health will notify the destination state.
- Quarantine laws vary from state to state, so you may be asked to sign a new Agreement, and restrictions on your activities may be different once you reach your destination state.

Under this agreement, you must:

Adhere to restrictions on travel

- Do not use public transportation.
- You may travel by private car to your destination, but only persons also under the agreement or an Involuntary Quarantine Orders may travel with you.
- If you must travel to other locations, you must notify the local health department. If you travel to another health district, personnel from that health district will contact you and monitor your health while you remain in quarantine.

Stay at home or at another place where you do not have contact with other people.

- You may leave your house to spend time in your yard, patio or other location on your property, but you must remain on your property, and not have face-to-face contact with anyone other than members of your household.

- If you live in an apartment complex, you must remain in your own apartment. Do not go to any common areas in the building.
- You may not go to work or school or any other scheduled activities.
- You are not to go to any public or commercial buildings, including the grocery stores, pharmacies, other businesses, movie theaters or malls.
- If you need something from outside, such as groceries, you must ask a family member or friend who is not covered in a similar agreement to bring the items to you.
- If you have no family member or other person who can bring items to you, you must call the Local Health Department at the number provided to you and ask for assistance.

If you have a medical or other emergency.

- You may not leave your property during this period for any reason, except a medical emergency.
- If you encounter an urgent medical problem, notify your Local Health Department immediately, using the information you have been given and follow their instructions.
- If you have a scheduled, routine medical or dental appointment, cancel it and re-schedule.
- If you are very sick and need to call an ambulance to take you to the hospital, let the operator know that you may have been exposed to **Ebola Virus Disease** when you call 911, and let the ambulance crew know when they arrive at your home. Inform your health department contact that you are seeking medical care after you have called 911.

Use safe practices so people around you do not get sick.

- Do not allow any family members or other persons to come to your home or temporary residence to stay with you while you are under this agreement. If family members or others join the household group, they may be subject to a similar agreement.
- Do not allow any others who are not under a similar agreement to visit you.
- People do not transmit the Ebola virus to others unless they are sick. However, it is good practice to protect the other people who are under the agreement with you. It is possible that not all members of the group were actually exposed, so it is important to limit risks within the group.
 - ☐ Do not share toothbrushes, razors, nail clippers and other frequently shared personal care items, as these may have small amounts of blood on them.
 - ☐ Refrain from sexual intercourse during the period you are under this agreement.
 - ☐ Do not share eating utensils, cups or dishes. Dishes and eating utensils can be washed in the dishwasher or by hand, using hot water and detergent.
 - ☐ Towels and linens can be laundered using hot water and hot drier settings.
 - ☐ Urine and feces can be disposed of in the sanitary sewer system.
 - ☐ Questions about disposal of other household items should be addressed to the local health department representative.

- If anyone in the household develops fever, headache, body aches, muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain or unexplained hemorrhage (bleeding or bruising) isolate them from others in the household and contact the Local Health Department immediately.
 - Ask the local health department contact person about proper methods for cleaning or disposal of the ill person's personal care items if this becomes necessary after the ill person is evaluated and the reason for symptoms is known.

Work with your local health department

- Local health department staff will contact you regularly to assure that you are well and are adhering to your Voluntary Agreement – High Risk. You must provide a phone number and be available to talk with health department personnel when they call or visit your home.
- If you are asked to monitor your temperature, check your temperature as instructed and write results on the forms provided by the health department.
- Health department staff will provide instructions and phone numbers so you can contact them if you have questions or concerns about your health status.

If you do not adhere to this Agreement

- The local health department will review the Agreement with you, and attempt to assist you so you can remain in under a Voluntary Agreement – High Risk.
- Legal action, in the form of an Involuntary Quarantine Order may be recommended if you fail to adhere to the terms of the Voluntary Agreement – High Risk, as such action on your part can put the health of others at risk.

For more general information, on **Ebola Viral Disease** call your doctor or health department, or visit the Centers for Disease Control and Prevention's website at www.cdc.gov/.

These instructions remain in effect until you are told by health department staff that you are no longer potentially infectious to people around you.

Thank you for your cooperation and help during this public health emergency. Attached is information about available local resources you can reach by telephone or via the Internet.

Sincerely,

Health Director Name

_____ **Date** _____

Passenger Signature

_____ **Date** _____

Witness